Foster Family Home - Corrective Action Report

Provider ID:

1-561747

Home Name:

Grace Sacramento, CNA

Review ID:

1-561747-8

94-526 Pilimai Street

Reviewer:

Maribel Nakamine

Waipahu

HI 96797 Begin Date:

10/7/2020

Foster Family I	fome Required Certificate [11-800-6]					
6.(d)(1)	Comply with all applicable requirements in this chapter; and					
Comment:						
Home inspection for a 2 person CCFFH recertification completed.						
Corrective Action Report issued during home inspection with all items due to CTA within 30 days.						
6.(d)(1)- see applicable sections of the review						
Fusier Family i	ivine Background Checks 111-200-01					
8.(a)(1)	Be subject to criminal history record checks in accordance with section 846-2.7, HRS;					
8.(a)(2)	Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and					
Comment:	***************************************					

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 9/19/18 and renewed on 3/12/19; Ecrim lapsed on 9/16/18 and renewed 3/8/19. CG#2's APS/CAN lapsed on 9/19/18 and renewed on 3/12/19; Ecrim lapsed on 9/16/18 and renewed on 3/8/19.

Primary Care Giver

CTA RN Compliance Manager: Manibel Nakamine

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Grace Sacramento

CCFFH Address:

(PLEASE PRINT) 94-526 Pilimai Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1), (2)	Lapse cannot be corrected.	10/7/20	Home will use an iphone calendar to schedule due dates alerts 2 months in advance to prevent future lapses.
and the control of th			

1	All items that	were fixe	ed are	attached to this CAP			
	's Signature:			(Date:	10/2	/20
		7.				7	1

CTA has reviewed all corrected items